

<p style="text-align: center;">Child Care Request Form LOCATE: Child Care Database</p>
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DISCLAIMER: All providers listed in LOCATE: Child Care are regulated or approved by the Maryland State Department of Education or certified by the Maryland Department of Health and Mental Hygiene. When LOCATE identifies child care program options for parents, it means only that the programs identified are regulated by the appropriate agency and have met the criteria that agency sets forth. The responsibility for providing LOCATE with accurate listings of regulated providers/programs rests with the appropriate agencies. Responsibility for selecting and employing a child care provider rests with each parent. LOCATE: Child Care cannot guarantee the quality of providers in its files and urges parents to carefully interview and check references before leaving a child in care. A referral from LOCATE does not constitute a recommendation as to the quality of care.

Please fax the completed form to **301-279-1812** or send it to:

LOCATE: Child Care
Montgomery County Child Care Resource and Referral Center
332 West Edmonston Drive
Rockville, MD 20852

Fax request: please allow 24 hours for processing. If you need further assistance dial **240-777-3130**
Please answer all questions. Incomplete answers will delay processing of your request.

Personal Information (Please print clearly)

1. Parent's full name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Is English your primary language? ☐ Yes ☐ No
If no, what is your primary language? _____

Families with children with special needs, such as developmental delays, behavioral issues and physical/medical conditions may be eligible for our Enhanced Services. Please call 240-777-3130 before completing this form for eligibility requirements.

We also have Enhanced Services for employees of companies that have a contract with LOCATE: Child Care. Indicate your employer below.

5. Employer: _____
6. Spouse's employer: _____

7. Have you ever used the LOCATE: Child Care service? (please check one)
- ☐ Never
 - ☐ Yes. I found care but need more referrals.
 - ☐ Yes. I did not find care and need more referrals.

8. Reason for needing child care?
- ☐ Parent's job
 - ☐ Moving/relocating
 - ☐ Parent attending school
 - ☐ Parent in training
 - ☐ Parent looking for work
 - ☐ Child's socialization
 - ☐ Child's education
 - ☐ Dissatisfied with current care (reason): _____
- To file a complaint call 240-314-1400, the Office of Child Care.

LOCATE: Child Care makes random calls to find out if you were able to find child care and if our service was helpful to you. You may receive a call from both our local and state offices. May we have your permission to call? ☐ Yes ☐ No

9. Work phone number: _____

10. Home phone number: _____

11. Cell phone number: _____

12. Fax number: _____

Which is the best number to call? ☐ Work ☐ Home ☐ Cellular

When is the best time to call between 9:00 am-12:00 pm and 1:00 pm- 4:00 pm? _____

13. What is your relationship to the child? (please check one):

☐ Parent ☐ Agency ☐ Friend ☐ Relative

14. How did you originally hear about LOCATE: Child Care? (please check one)

<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Department of Social Services
<input type="checkbox"/> Media	<input type="checkbox"/> Website
<input type="checkbox"/> Poster/Brochure	<input type="checkbox"/> Hospital
<input type="checkbox"/> School	<input type="checkbox"/> Relative
<input type="checkbox"/> Work	<input type="checkbox"/> Agency (Library, Community Agencies, etc)
<input type="checkbox"/> Child Care Provider/Center	<input type="checkbox"/> Child Care Resource and Referral Center
<input type="checkbox"/> Friend	Name: _____

15. How would you like to receive your referrals? (please check one)

☐ Phone ☐ U.S. Mail ☐ Fax

16. I would like care near (please check one):

- ☐ Residence
☐ Employment Address: _____
☐ Parent's school Address: _____
☐ Relative's home Address: _____
☐ Child's school and/or residence Address: _____
☐ Residence and/or employment
☐ On route to employment and/or school

17. I will travel to my child's child care by (please check one):

- ☐ Car ☐ Subway (station's name): _____
☐ Walk ☐ Public Bus (route numbers): _____

Outreach Program Information

LOCATE: Child Care participates in several outreach programs. We ask the following questions to help you determine if you might be eligible for any of these programs. Telephone numbers and program contact information is provided below.

18. What is the size of your immediate family? (parent(s) and child(ren) only): _____

19. Single or Dual Parent Household?: (please check one)

- ☐ Single Parent ☐ Dual Parent

20. How many children are in your immediate family? _____

How many need child care? _____

21. Does your immediate family receive:

- TCA—Temporary Cash Assistance ☐ Yes ☐ No
FS—Food Stamps ☐ Yes ☐ No

22. Have you applied for TCA but have not started receiving benefits? ☐ Yes ☐ No

23. Does your child receive:

- MA—Medical Assistance ☐ Yes ☐ No
SSI—Supplemental Social Security Income ☐ Yes ☐ No

24. Is there health/medical insurance to cover your child/children under the age of 19?

- ☐ Yes ☐ No

If you do not have health insurance for your child, please read and respond to the following question:

25. Your family might be eligible for **Medicaid** if you meet the following family size and income limits. Please check one:

Family Size	Income Limit
2	\$28,000
3	\$35,200
4	\$42,400
5	\$49,600
6	\$56,800
7	\$64,000
8	\$71,200

- ☐ YES—may be eligible (**Contact 240-777-4769**)
- ☐ Eligible—no number needed
- ☐ Have current health coverage
- ☐ NO—above income eligibility guidelines
- ☐ Prefer not to give income information

26. **Answer only if you have a child under the age of 5 years:**

Your family might be eligible for **WIC (Women Infants and Children)** if you meet the following family size and income limits. Please check one:

Family Size	Income Limit
1	\$19,240
2	\$25,900
3	\$32,560
4	\$39,220
5	\$45,880
6	\$52,540
7	\$59,200
8	\$65,860

- ☐ YES—eligible (**Contact 301-762-9426**)
- ☐ Eligible, no number needed
- ☐ NO—above income eligibility guidelines
- ☐ Currently receiving WIC
- ☐ Child too old
- ☐ Prefer not to give income information

27. Do you receive **Child Care Subsidy** vouchers? _____ Yes _____ No

If no, please read and respond to the following question:

Your family might be eligible for **Child Care Subsidies** if you meet the following family size and income limits. Please check one:

Family Size	Income Limit
2	\$34,500
3	\$52,000
4	\$58,000
5	\$58,000
6	\$58,000
7	\$58,000
8	\$58,000

- ☐ YES—eligible (**Contact 240-777-1155**)
- ☐ Eligible, no number needed
- ☐ NO—above eligibility guidelines
- ☐ Prefer not to give income information
- ☐ Currently receiving
- ☐ Currently receiving WPA

28. Do you need information on child support enforcement? ☐ Yes ☐ No

If “Yes”, please call **1-800-332-6347**.

29. Your family may be eligible for the **Earned Income Credit** if you meet the following eligibility requirements:

Family Size	Income Limit
Single parent + 1 child	\$33,241
Single parent + 2 or more children	\$37,783

Married parents + 1 child \$35,241
 Married parents + 2 or more children \$39,783

Do you think you are eligible? ☐ Yes ☐ No

If "Yes", please contact **1-800-492-0618** or **1-410-685-0525**.

Current Child Care Information

30. What is your current child care arrangement?

- ☐ Licensed Family Child Care Provider
- ☐ Licensed Child Care Center
- ☐ Relative (in relative's home)
- ☐ Relative (in parent's home)
- ☐ In-home (in parent's home)
- ☐ Babysitter (non-relative to child in babysitter's own home)
- ☐ Currently not using any child care

31. **Child(ren) information:**

The information below is **required** to process your child care search.

	Child 1	Child 2	Child 3	Child 4	Child 5
First name of child					
Age of child	____ Months or ____ Years	____ Months or ____ Years	____ Months or ____ Years	____ Months or ____ Years	____ Months or ____ Years
Gender (Circle M, F or Unborn)	M F U	M F U	M F U	M F U	M F U

32. If your child is Five (5) years old is he/she enrolled in kindergarten? ☐ Yes ☐ No

33. How much are you willing/able to pay for care per week? _____

Are you using POC/WPA? ☐ Yes ☐ No

34. When is care needed? (please check one)

- ☐ Within the next 15 days
- ☐ Within the next 30 days
- ☐ Within the next 60 days
- ☐ Within the next 90 days
- ☐ Beyond 90 days

35. What kind of care? (please check one)

- ☐ Part time (less than 5 days per week)
- ☐ Full time (5 days per week)
- ☐ Temporary
- ☐ Back-Up

36. What days do you need care? (check all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Flexible (days vary from week to week) |

37. What hours do you need care?

Drop-off time: _____
☐ AM ☐ PM

Pick-up time: _____
☐ AM ☐ PM

38. What type of care do you prefer?

- ☐ Licensed Family Child Care ☐ Child Care Center

39. Type of Program: (check only if applies)

- ☐ Nursery school (10 month program/part day/ages 2 to 5)
☐ Private kindergarten (10 month program)
☐ Camp/Summer program
☐ Flexible (day & time of care varies)
☐ Before School
☐ After School
☐ Before and After School
☐ Before Head Start or PreK

School Name: _____

School Name: _____

School Name: _____

School Name: _____

-
- ☐ After Head Start or PreK

School Name: _____

- ☐ Before and After Head Start or PreK

School Name: _____

Does your school aged child need an escort to and from the bus stop or school?

- ☐ Escort to/from bus stop ☐ Escort to/from school

40. Special requirements (Check only if requesting a Family Child Care setting):

- ☐ Non-smoking household
☐ Smoke-free during the day (smoking occurs only during non-child care hours)
☐ Fenced yard
☐ No pool
☐ No pets
☐ Special diet: _____
☐ Other: _____

Type of home: ☐ Apartment ☐ Single family home ☐ Townhouse